

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/557019

FILING DATE

11.16.05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1				
3	2					
4	100					
5	100					
6	100					
7	100					
8	100					
9	100					
10	100					
11	100		1			
12	100					
13	100					
14	100					
15	100					
16	100					
17	100					
18	100					
19	100					
20	100					
21	100					
22	100					
23	100					
24	100					
25	100					
26	100					
27	100					
28	100					
29	100					
30	100					
31	100					
32	100		1			
33						
34						
35						
36						
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46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			30			
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						